

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157576</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/27/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CENTRAL HOME HEALTH SERVICES INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5699 E 71ST ST STE 1A</b> <b>INDIANAPOLIS, IN 46220</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was a follow up to the extended home health federal recertification survey conducted on May 14 -17, 2013.</p> <p>Survey Date: June 27, 2013</p> <p>Facility Number: 004997</p> <p>Medicaid Number: 200811610</p> <p>Surveyors: Kelly Ennis, BSN, RN, PHNS Eric Moran, BSN, RN, PHNS</p> <p>During this survey, two (2) conditions and twelve (12) standard level deficiencies were found corrected.</p> <p>Central Home Health Services, Inc is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning May 23, 2013, to May 23, 2015, due to being found out of compliance with the Conditions of Participation 42 CFR 484.18: Acceptance of patients, plan of care and medical supervision and 484.55: Comprehensive Assessment of Patients.</p> <p>QA: Linda Dubak, R.N. July 2, 2013</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.